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deposited with the Unite class mail in an envelop above, or being facsimilate indicated below.	es	Cert I hereby certify that thi States Postal Service w	1 0 0 2000	JUN		Brinks Hofer Gilse P.O. Box 10395 Chicago, U. 60610
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CONFIRMATION NO.	ATTORNEY DOCKET NO.	ENTOR	FIRST NAMED	1	FILING DATE	APPLICATION NO.
2350	9281/4613	papers. Each additional paper, such as an assistave its own certificate of mailing or transmiss ave its own certificate of mailing or transmistal is states Postal Service with sufficient postage of addressed to the Mail Stop ISSUE FEE addressed to the Mail Stop ISSUE FEE addressed to the Mail Stop ISSUE FEE addressed to the USPTO (571) 273-2885, on Gustavo Siller of Takeo Suzuki  ATES AT LOW VOLTAGE  ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE \$1400 \$300 \$1700  ART UNIT CLASS-SUBCLASS  2614 348-731000  ss" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively; (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 isted, no name will be printed.  TED ON THE PATENT (print or type) assignee data will appear on the patent. If an assignee is identified below orm is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN I not be printed on the patent): Individual Corporation or other printed on the patent by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s) Deposit Account Number 23-1925	Takeo		07/25/2003	10/627,421
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	ee is identified below, the	or agents OR, alternatively;  (2) the name of a single firm (having a registered attorney or agent) and the name of a single firm (having a registered attorney or agent) and the name of a state of a sent attorneys or agents. Itsed, no name will be printed.  HE PATENT (print or type)  Italia will appear on the patent. If an assistant a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE Of TOKYO, JAPAN)		Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TOPLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTA.  (A) NAME OF ASSIGNEE		CFR 1.363).  Change of correspond Address form PTO/SB/17  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN
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